

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

9580

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 20 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ossie Adams

3. (b) If veteran, name war No 3. (c) Social Security No. 335-10-57

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Adams 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased December 28, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Monroe Adams

13. Birthplace Pine Bluff Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mandy Harris

15. Birthplace Morrolton Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Adams

(b) Address 1205 Russell Ave., E. St.

17. (a) Removal (b) Date thereof 11/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. Little Rock, Ark.

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Ingle Ave

19. (a) NOV 14 1942 (b) J. F. Bueckert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 219
(d) Street No. 3022 Lawton
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
3 year 1942 hour 6: minute 15 A. M.

21. I hereby certify that I attended the deceased from November
1, 19 42, to November 12, 19 42
that I last saw him alive on November 12
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelonephritis (Autopsy)
Partial Intestinal Obstruction-History
Duration Unk.

Due to Non-calculous Pyelonephritis
Duration Unk.

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy Pyelonephritis; Prostatic Abscess

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. K. Fleet (M. D. or other)

Address 2601 Whittier Date signed 11/13/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *P. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 So. 4th St. pr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.